



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
PUBLIC POOL AND MISCELLANEOUS
ACTIVITIES PLAN CHECK APPLICATION



www.sdcdeh.org

MAIN OFFICE SAN DIEGO

1255 IMPERIAL 3rd Floor
SAN DIEGO, CA 92101
(619) 338-2364

NORTH COUNTY

151 E.CARMEL ST
SAN MARCOS, CA 92078
(760) 471-0730

(For office use only)

PLAN CHECK #: _____
INTAKE DATE: _____
AMT PAID: _____
CHECK # _____

PART I

FACILITY: NEW RENOVATION REMODEL CONSULTATION REVISION OTHER

Facility Name _____ Assessor's Parcel No. _____

Facility Address _____ City _____ Zip _____

BUSINESS OWNER:

Name _____ Company _____

Mailing Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-Mail _____

DESIGNER/CONTRACTOR/CONTACT PERSON :

Facility Name _____ Company _____

Mailing Address _____ City _____ Zip _____

Contact Phone () _____ Contact Fax () _____

E-Mail Address _____ State Contractor's License if applicable _____

POOL FACILITY INFORMATION:

Total # of Pools at Site **Type of Pool (s):** Pool Spa Wader Therapy Special Purpose Spray Pad
 Interactive Water Fountain/Feature Spray Pad Slide Landing Pool Water Attraction Diving Other

If **Special Purpose**, explain? _____

Perimeter Overflow Pool Yes No; **Indoor Pool** Yes No **Projected Construction Completion Date:** _____

Total Square Feet of Each Pool: _____

Sewer: Public Septic/ Private Water: Public Well/ Private (If private contact Land Use at (858) 565-5173)

Identify the municipal water and wastewater district _____

Restrooms: Are separate toilet facilities for men and women located within 100 feet of the public pool? Yes No

Major Renovation to include changes to pool shell and plumbing going to pool. Yes No; Describe _____

Remodel for recreational bldg with ancillary facilities or water feature addition to existing pool. Yes No

OTHER ACTIVITIES BODY ART BODY PIERCING PERMANENT COSMETICS MESSAGE OTHER

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____ Date _____

Print Name and Title Here _____

COMPLETE PART II FOR NEW POOL AND RENOVATIONS/PART III FOR EQUIPMENT CHANGE ONLY

PART II

SANITARY FACILITIES (Indicate for new pools, remodels and major renovations)

Number of Toilets:	Men _____	Women _____
Number of Urinals:	Men _____	
Number of Sinks:	Men _____	Women _____
Number of Showers:	Men _____	Women _____
Number of Drinking Fountains: _____		

SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR FOR NEW POOL OR MAJOR RENOVATION APPLICATION.

Applications will not be processed until all required documents are received and all fees are paid.

- 1) Plans must be submitted to a stated scale (i.e. pool = 1/4" per ft., spa = 1/2 "per ft.) and done in a professional manner. The minimum size is 11" x 17". A total of four (4) sets are required for new pools and major remodels of pools, three (3) sets for all other facilities, remodels and renovation.
- 2) Name, address, and telephone number of owner, pool contractor or pool company, general contractor and architect to be on plans.
- 3) Address of pool to be constructed. Include Vicinity Map for new sites.
- 4) Plot plan drawn to scale showing the pool location in relation to all buildings on the property. Where applicable such as for restroom exemption, indicate the travel distance in feet from the pool to the living quarters on the property that are farthest from the pool. Smaller scale is acceptable on the plot plan only.
- 5) Indicate equipment make and model numbers on the plans and include a complete data sheet (See document Pool Plan Checklist).
- 6) Scale floor plan of pool equipment room or area, minimum scale 1/2 inch = 1 foot. Identify all equipment and plumbing.
- 7) Pool user restroom, dressing and shower facilities plan (when necessary). If restroom, dressing and shower facilities are required or proposed. (See document Pool Ancillary Facilities Checklist).
- 8) Pool decking, pool fencing or enclosure plans. Existing facilities must be clearly defined.
- 9) Exhaust ventilation plans to be included for indoor pools.
- 10) Identify all structures and features within the pool enclosure area.

FOR POOL MINOR RENOVATION CHECK TYPE:

___ **Resurfacing the pool interior** - Describe type of finish and color of pool interior. Include plan top view with dimensions, fixtures including split drain detail as applicable.

___ **The enclosure** - Submit elevations and details of the fence and gates and a site plan showing the location of the new fence.

___ **Removal and replacement of the deck** - Submit a deck plan and fully describe scope of all work to be done including drainage.

___ **Equipment Change** – See Part III.

TYPE OF OPERATION (check all that apply)

___ Municipal/County Agency	___ Campground	___ Waterpark/Theme Park
___ Federal/State Government Facility	___ Country Club/Private Club	___ College or University
___ Resort/Convention Center	___ Health Club/Swim Club	___ Public/Private School
___ Apartment Complex/Rental	___ Hotel/Motel	___ Common Interest Development
___ YMCA/YWCA	___ Bed and Breakfast	___ Other: _____

OTHER AGENCIES: ☐ BLDG DEPARTMENT ☐ FIRE DEPARTMENT ☐ WATER/WASTEWATER DISTRICTS ☐ DEH-LWQ ☐ DEH-HAZMAT

(NOTE: If you are the business owner and an honorably discharged veteran you may be eligible for a fee exemption).

(For office use only)

PLAN CHECK #/TYPE: _____ PERMIT NUMBER/TYPER: _____ CENSUS TRACT: _____

ASSIGNED TO: _____ ROUTE CODE: _____

PLAN STATUS ___ APPROVED ___ DISAPPROVED ___ RED TAG; PC INITIALS _____ REVIEW DATE _____

RECHECK STATUS ___ APPROVED ___ DISAPPROVED ___ RED TAG; PC INITIALS _____ RECHECK DATE _____

_____ DATE APPROVED _____

COMPLETE PART III FOR EQUIPMENT CHANGES ONLY

PART III

POOL EQUIPMENT CHANGE CHECKLIST

Permit #		Date Pool Built	
If multiple pools, spas, and/or wading pools are on site, identify which one is to be remodeled (If more than one pool is remodeled, submit this part separately for each). Manufacturer specification sheets "cut sheets" for equipment not on approved equipment list including pump curves. Approval by ANSI (NSF), IAPMO, and ASTM as needed.			
POOL DIMENSIONS			
Surface area:	<u>Rectangle or square</u> : (length) _____ x (width) _____ = _____ sq. ft. <u>Circle</u> : $3.14 \times (\text{radius})^2 =$ _____ sq. ft. <u>Kidney</u> : [(small width) _____ + (large width) _____] / 2 x (length) _____ x .45 = _____ sq. ft.		
Volume:	(Surface area) _____ x (av. Depth) _____ x 7.48gal./cu.ft. = _____ gallons		
Turnover rate:	Pool: (gallons) / 360 minutes = _____ gpm Spa: (gallons) / 30 minutes = _____ gpm Wading pool: (gallons) / 60 min. = _____ gpm		
EQUIPMENT	Existing	New	
FILTER: Make and Model:			
Type:			
PUMP: Make and Model:			
H.P.:			
DISINFECTANT: Make and Model:			
Type:			
FLOWMETER: Make and Model:			
HEATER: Make and Model/ BTUs			
OTHER:			
(For office use only) Renovation approved by:		Date:	
Comments: _____ _____ _____ _____ _____ _____ _____			

- Provide a schematic diagram of the proposed equipment layout. A detailed view of the equipment room and equipment within it noting that sufficient room is provided to access equipment for proper operation and maintenance. Include plumbing sizes and type.
- Describe any additional changes (i.e., plumbing, electrical, structural, ancillary facilities etc.). Further details may be required for other changes.